m0700000 4531

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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12/19/14--01022--008 **25.00

LLC RACH

12-29-14 Dc



CSC - WILMINGTON'
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: December 17, 2014

Order#: 409832-262

Re: LP PORT CHARLOTTE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: LP PORT CHAR	RLOTTE	, LLC	
2.	(a)		(ł	o)	
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		12201 Bluegrass Parkway			
		Louisville, KY 40299			
		07/31/2007	_	M070000	004531
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T Corporation System			
	()	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	- e:
		Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS</u>	<u>S)</u>	- -
		1200 South Pine Island Road			- Es o n
		Plantation , FL	33324	4	FILED MI WILL
((b)	Corporation Service Company			
	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	ldress:	· · · · · · · · · · · · · · · · · · ·
		1201 Hays Street			
		NEW Registered Office Address:			-
					_
		Tallahassee , FL	, 32301	l	<u>_</u>
the age wa	cha ent v s/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regiability confither the confiture of the line of the line line line line of the line	stered offic ompany, it i nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in
_	ionat	ture of a cember or authorized representative of a member	Dor	na Priebe, A	Authorized Person Printed or typed name of signee
I h pro the to t not	nerel ovisi obl mere tified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change. The of Register Agent Corporation Service Company	perform d for in (hereby c	iance of my Chapter 60, onfirm that	acity. I further agree to comply with the

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE; \$25,00